



## Infant Application

<input type="checkbox"/> Boy or <input type="checkbox"/> Girl		lbs ____ oz ____		in" ____	
Last Name	First Name	Middle Initial	Birthday	Weight	Length Today's Date
Your Name: _____			Relationship to Child: _____		
Baby's Social Security Number Select at least one of the following:			Is this baby Hispanic or Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> American Indian/Alaska Native			<input type="checkbox"/> Asian <input type="checkbox"/> White		
<input type="checkbox"/> Black/African American			<input type="checkbox"/> Native Hawaiian/Pacific Islander		
My baby's birth weight was less than 5 lbs. 9 oz			<input type="checkbox"/> No <input type="checkbox"/> Yes 141		
My baby was born at 37 weeks or less			<input type="checkbox"/> No <input type="checkbox"/> Yes 142		
My baby weighted more than 9 pounds at birth			<input type="checkbox"/> No <input type="checkbox"/> Yes 153		
My baby's immunizations are up to date			<input type="checkbox"/> No <input type="checkbox"/> Yes		

### WIC helps families with healthy food and nutrition choices.

What concerns, if any, do you have about what, how or how much your baby eats?

342, 411.04

1. Please, tell us if your baby sees a doctor, dietitian or health care provider for medical reasons, ex: hypertension, pre-hypertension, diabetes, fetal alcohol syndrome, small for gestational age, gastrointestinal disorders or anemia. 151, 152, 201, 341-357, 359, 360, 362, 382

Describe: \_\_\_\_\_

2. If your baby was in the hospital in the last 3 months, please, tell us why. 359

\_\_\_\_\_

3. Has your baby been screened or referred for lead poisoning? ☐ No ☐ Yes 211

4. Please, describe any teething problems your baby may be having.

\_\_\_\_\_ 381

5. Does your baby have any food intolerances or food allergies? ☐ No ☐ Yes 353, 354, 355

Describe: \_\_\_\_\_

\_\_\_\_\_

6. Is your baby on a special diet? ☐ No ☐ Yes 411.8

7. What vitamin, mineral or herbal supplement do you give your baby?

If not daily, how often? \_\_\_\_\_ 411.10, 411.11

8. List any medication your baby may be taking. 357

9. Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home? ☐ No ☐ Yes 904

10. Does your family stay in a shelter, a temporary home, or in a place not usually used for sleeping?

☐ No ☐ Yes 801

11. Do you have a refrigerator, a stove that works and storage free from pests and harmful chemicals?

☐ No ☐ Yes 801

12. Did a family member have a seasonal farming job with a temporary home in the last 24 months?

☐ No ☐ Yes 802

13. What concerns, if any, do you have about anyone hurting your baby? \_\_\_\_\_

901

14. Do you have problems taking care of your baby? ☐ No ☐ Yes 703, 902

15. Has your baby been in foster care or moved to a new foster care home within the last 6 months?

☐ No ☐ Yes 903

16. What concerns, if any, do you have about having enough food to feed your family?

Comment: \_\_\_\_\_

\_\_\_\_\_

\*\*\*To Be Completed by Health Care Provider (HCP)\*\*\*

Medical date \_\_\_\_\_ Current Wt \_\_\_\_\_ (103, 113, 134, 135) Ht \_\_\_\_\_ (121) Hgb /Hct \_\_\_\_\_ (201)

Name of HCP verifying applicant lives in Alaska \_\_\_\_\_ ID Verified by: Visual Recognition \_\_\_\_/Other \_\_\_\_ WIC  
Name of CPA reviewing WIC application \_\_\_\_\_ Certification Date \_\_\_\_\_



## Infant Application

If yes, tell us more about the reasons:

### How are you feeding your baby?

☐ Breastmilk ☐ Breastmilk + Formula ☐ Formula Only

#### If Breastfeeding

17. On a scale of 0 to 10, how is breastfeeding going?

**Not Well 0 1 2 3 4 5 6 7 8 9 10 Very Well**

- I breastfeed \_\_\_\_\_ times in 24 hours. 411.7, 603, 702
  - Each feeding lasts \_\_\_\_\_ minutes. 603, 702
  - My baby has \_\_\_\_\_ (#) stool diapers a day. 411.7
  - My baby has \_\_\_\_\_ (#) wet diapers a day. 411.7
18. Are you breastfeeding another child? ☐ No ☐ Yes
19. How do you store breastmilk ? (i.e., freeze, refrigerate, store on counter in cabinet, etc.)  
\_\_\_\_\_ 411.9
20. What do you usually do, if there is leftover breastmilk or formula in the bottle after a feeding? 411.9
- ☐ Throw it out ☐ Put in refrigerator
- ☐ Leave near baby

#### If Formula Feeding

21. If you ever breastfed, at what age did you start your baby on formula?
- I started my baby on baby formula at the age of \_\_\_\_\_ days or \_\_\_\_\_ weeks. 701
- On a scale of 0 to 10, how is formula feeding going?
- Not Well 0 1 2 3 4 5 6 7 8 9 10 Very Well**
22. What formula are you feeding your baby?  
\_\_\_\_\_
23. How often do you feed your baby formula?  
\_\_\_\_\_
24. How much formula does your baby eat at a feeding?  
\_\_\_\_\_
25. How do you prepare your baby's formula? 411.5, 411.6
- ☐ **Powdered formula**  
I add \_\_\_\_\_ scoops of powder to \_\_\_\_\_ ounces water
- ☐ **Concentrated formula**  
I add \_\_\_\_\_ ounces concentrate to \_\_\_\_\_ ounces water
- ☐ **Ready-to-feed formula**  
Do you add water? ☐ No ☐ Yes \_\_\_\_\_ oz
26. Does your baby drink juice, sweetened drinks, soda, sweet tea, Tang/Koolaid or Hi-C in a bottle or a cup?  
☐ Yes ☐ No ☐ Sometimes 411.2, 411.3
27. Do you add sugar, honey or syrup to your baby's pacifier or foods?  
☐ Yes ☐ No ☐ Sometimes 411.3

28. How old was your baby the first time he or she drank liquids other than breastmilk or formula? 411.1  
My baby was \_\_\_\_\_ months.  
List what he or she drank: \_\_\_\_\_
29. How old was your baby the first time he or she ate food such as cereal, baby food, or any other food?  
My baby was \_\_\_\_\_ months. 411.3  
List what he or she ate: \_\_\_\_\_
30. Is your baby held when bottle fed? 381, 411.2  
☐ Never ☐ Rarely ☐ Sometimes ☐ Always
31. Where else do you give your baby a bottle?  
☐ Crib/Bed ☐ Car Seat ☐ High-chair ☐ Stroller  
☐ Other \_\_\_\_\_ 411.2
32. How do you feed your baby solid foods? 411.2, 411.4  
☐ No solid foods, only breastmilk/formula  
☐ by Spoon ☐ In Baby Bottle ☐ by Infant Feeder  
☐ Baby foods ☐ Finger foods ☐ Other \_\_\_\_\_
33. Check the foods your baby eats? 411.4, 411.5, 411.8  
☐ No solid foods, only breastmilk/formula  
☐ Infant Cereal ☐ Infant Cereal in the bottle  
☐ Homemade baby food ☐ Crackers  
☐ Chopped fruits/vegetables ☐ Bread  
☐ Strained or mashed vegetables or fruits  
☐ Strained meat/egg yolk/yogurt/cottage cheese/tuna  
☐ Cooked soft pieces of beans/chicken/turkey/beef/pork  
☐ Raw or undercooked meat, poultry, fish, eggs  
☐ Unheated hot dogs/deli meat or poultry  
☐ Soft cheeses made with un-pasteurized milk: Feta, Mexican style (queso blanco fresco), Brie, Blue  
☐ Raw sprouts (alfalfa, clover and radish)  
☐ Un-pasteurized milk, fruit or vegetable juice or foods made with Un-pasteurized milk
34. How do you know your baby is done eating? 411.4  
☐ Turns head away ☐ Won't open his/her mouth  
☐ Eats all food ☐ Bottle is empty ☐ Spits out food
35. What does your family do for fun
36. How can WIC help your family today?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_